

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145431	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Loft Rehabilitation & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 700 North Main Street Eureka, IL 61530	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>38805</p> <p>Based on interview and record review, the facility failed to follow its policy for Oxygen Administration to ensure that oxygen was available for one (R1) resident of three residents reviewed for oxygen saturation in the sample of three.</p> <p>Findings include:</p> <p>Facility's Oxygen Administration Policy dated 2/10/25, documents: Oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. Staff shall document the initial and ongoing assessment of the resident's condition warranting oxygen and the response to oxygen therapy. 4. The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders, such as, but not limited to: d. Monitoring of SpO2 (oxygen saturation) levels and/or vital signs, as ordered.</p> <p>R1's current Care Plan documents: (R1) has altered respiratory status/difficulty breathing related to Chronic Obstructive Pulmonary Disease/COPD, unspecified. Intervention: Oxygen at 6 Liters per minute Via Nasal Cannula; Goal To Maintain O2/oxygen saturation greater than 90 percent.</p> <p>R1's Diagnoses include: Acute and chronic respiratory failure with hypoxia; Chronic Obstructive Pulmonary Disease/COPD, Unspecified dementia, anxiety.</p> <p>R1's Hospital Notes dated 3/5/25 documents: Diagnosis Hypoxia; reason for visit shortness of breath.</p> <p>R1's Physician Orders include: Every shift ensure resident has (oxygen) on.</p> <p>On 3/26/25 at 9:55am, V2 Director of Nursing/DON stated that CNAs can check oxygen tanks; stated that when R1 was sent to Emergency Department/ED on 3/5/25, that no one had checked R1's oxygen tank when R1 went down to Activities prior to being sent out.</p> <p>At this time V2 stated: (V10 Registered Nurse/RN) told me that she got the (portable oxygen tank), put it on R1's wheelchair and put the nasal cannula in R1's nose; that she did not check to see if the tank was full. The Activity Director (V7) came to get R1 after breakfast, Activity was an hour. (V10) went to get R1 from Activities and realized the portable was empty; it was light. She took R1's O2 (oxygen saturation) and it was 64%--never went up higher than that. (R1) was sent to the ED.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/26/25 at 11:10am, V10 Registered Nurse/RN stated that on 3/5/25, R1 was in Activities and V10 checked on R1; stated that she did not know who took R1 down to Activities and was not sure if R1's portable oxygen tank was checked. Stated that in Activities, she checked R1's tank and it was empty; that when she checked R1's oxygen saturation, it was lower than her base. V10 stated, I did not know (R1's) tank was empty until I checked it when she was at Activities.</p> <p>On 3/26/25 at 10:52am, V11 Licensed Practical Nurse/LPN stated that during her morning rounds, she checks R1's oxygen level to make sure it is okay as it drops below her base (90 to 95) at times when R1 is sleeping. V11 stated, I like to keep an eye on (R1) because her oxygen saturation went to 85 at one time. She has issues with breathing and has COPD (Chronic Obstructive Pulmonary Disease).</p> <p>On 3/26/25 at 1:30pm, V2 DON stated: Ultimately the nurse should make sure oxygen is on and it (portable tank) is filled; responsibility is the nurses to make sure the oxygen is on, tank is filled and make sure the resident has oxygen.</p>		